

CHARACTER EDUCATION
FINANCIAL STATUS REPORT (Claim Form)

LEA NAME

REPORTING PERIOD

ADDRESS

FISCAL YEAR

BUDGET NUMBER

	(A) APPROVED BUDGET	(B) PREVIOUSLY CLAIMED EXPENDITURES	(C) CURRENTLY CLAIMED EXPENDITURES & OBLIGATIONS	(D) TOTAL CLAIMED EXPENDITURES & OBLIGATIONS	(E) BUDGET BALANCE
[1] SALARIES					
[2] EMPLOYEE BENEFITS					
[3] PURCHASED SERVICES					
[4] TRAVEL					
[5] SUPPLIES & MATERIALS					
[6] SUBTOTAL					
[7] INDIRECT COSTS					
[8] CAPITAL ACQUISITIONS					
[9] GRAND TOTAL					

[10] INDIRECT COST RATE: (Enter restrictive rate approved by DECA))

[11] FUNDS RECEIVED OR REQUESTED PRIOR TO THIS REPORT (FROM LINE 14 PREVIOUS CLAIM) \$

[12] TOTAL CLAIMED EXPENDITURES (COLUMN D) \$

[13] FUNDS REQUESTED THIS PERIOD (LINE 12 MINUS LINE 11) Should equal column C, 1 \$

[14] TOTAL FUNDS REQUESTED OR RECEIVED THRU THIS REPORT PERIOD (LINE 11 PLUS LINE 13) \$

[15] OBLIGATIONS PAID AFTER JUNE 30TH \$

I DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THIS CLAIM HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS IN ALL THINGS TRUE AND CORRECT.

SIGNATURE OF DESIGNATED SCHOOL OFFICIAL/TITLE

PHONE NUMBER

DATE

For Office Use Only:
Payment entered: Date